

<b>Case Number:</b>	CM13-0029894		
<b>Date Assigned:</b>	03/17/2014	<b>Date of Injury:</b>	11/06/1997
<b>Decision Date:</b>	05/07/2014	<b>UR Denial Date:</b>	09/12/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/25/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 55-year-old female who reported an injury on 11/06/1997 due to cumulative trauma while performing normal job duties. The injured worker's treatment history included physical therapy, chiropractic care, surgical intervention, multiple medications. The injured worker was evaluated on 08/19/2013. It was documented that the injured worker had right shoulder pain for approximately 5 days. The injured worker's medications included Buspirone 5 mg, Ambien 5 mg, and Cymbalta. The injured worker's diagnoses included depressive disorder, major depressive disorder, possible psychotic disorder, pain disorder, and cognitive disorder. The injured worker was evaluated on 02/18/2014. It was documented that the injured worker was having bitter taste and dry mouth and was having hallucinations. The injured worker's treatment plan was continuation of medications and an increase of Buspirone.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**PRESCRIPTION OF CYMBALTA 90MG QHS:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines antidepressants.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 398-404.

**Decision rationale:** California Medical Treatment Utilization Schedule recommends antidepressants as a first-line medication in the management of chronic pain. California Medical Treatment Utilization Schedule recommends all medications used in the management of chronic pain be supported by documented functional benefit and a quantitative assessment of pain relief. The clinical documentation submitted for review fails to provide any evidence the injured worker receives any pain relief or functional benefit from this medication usage. Therefore, continued use would not be supported. The request as it is submitted does not contain a quantity; therefore, the appropriateness of the request cannot be determined. As such, the requested prescription of Cymbalta 90 mg every night is not medically necessary or appropriate.

**PRESCRIPTION OF BUSPIRONE 5MG QID: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 398-404.

**Decision rationale:** American College of Occupational and Environmental Medicine does not support the use of extended treatment of anxiolytics. The clinical documentation submitted for review does indicate that the injured worker has been on this medication for an extended duration of time. Therefore, continued use would not be supported. The request as it is submitted does not contain a quantity; therefore, the appropriateness of the request cannot be determined. As such, the requested prescription of Buspirone 5 mg 3 times a day is not medically necessary or appropriate.

**PRESCRIPTION OF AMBIEN 5MG: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Pain Chapter.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Pain Chapter, Insomnia Treatment

**Decision rationale:** California Medical Treatment Utilization Schedule does not address insomnia treatments. Official Disability Guidelines recommend pharmacological intervention for insomnia when patients have failed to respond to non-pharmacological treatments. Additionally, Official Disability Guidelines do not recommend the extended use of Ambien as there is a high risk for psychological and physiological dependence. The clinical documentation does support that the injured worker has been on this medication for an extended period of time. Therefore, continued use would not be supported. The request as it is submitted does not contain a quantity; therefore, the appropriateness of the request cannot be determined. As such, the requested prescription of Ambien 5 mg is not medically necessary or appropriate.